

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement and any additional documentation to: **Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW Washington, DC 20503.**

1. Agency/Subagency originating request
U.S.EPA/OECA/OC/CASPD

2. OMB control number b. **G** None
a 2060-0105

3. Type of information collection (*check one*)
a. **G** New collection
b. **G** Revision of a currently approved collection
c. **X** Extension of a currently approved collection
d. **G** Reinstatement, **without change**, of a previously approved collection for which approval has expired
e. **G** Reinstatement, **with change**, of a previously approved collection for which approval has expired
f. **G** Existing collection in use without an OMB control number

4. Type of review requested (*check one*)
a. **X** Regular
b. **G** Emergency - Approval requested by: ____/____/____
c. **G** Delegated

5. Small entities
Will this information collection have a significant economic impact on a substantial number of small entities? **G** Yes **X** No

6. Requested expiration date
a. **X** Three years from approval date b. **G** Other Specify: ____/____/____

For b-f, note item A2 of Supporting Statement Instructions

7. Title
New Source Performance Standards for Graphic Arts Industry, 40 CFR Part 60, Subpart QQ

8. Agency form number(s) (*If applicable*)
EPA ICR No. 0657.07

9. Keywords
Clean Air Act, Environmental Protection, Air Pollution Control

10. Abstract
These standards apply to each publication rotogravure printing press for which construction, modification or reconstruction commenced after October 28, 1980. Volatile organic compounds are the pollutants regulated under this Subpart. The standards limit the discharge of more than 16 percent of the total mass of VOC solvent and water used at that facility . Owners/Operators must notify EPA of construction, modifications, startups, shutdowns, malfunctions, and report about the date and results of performance test. Facilities must keep records showing they are meeting the standards.

11. Affected public (*Mark primary with "P" and all others that apply with "X"*)
a. ☐ Individuals or households d. ☐ Farms
b. **P** ☐ Business or other for-profit e. ☐ Federal Government
c. ☐ Not-for-profit institutions f. ☐ State, Local or Tribal Government

12. Obligation to respond (*Mark primary with "P" and all others that apply with "X"*)
a. **G** Voluntary
b. **G** Required to obtain or retain benefits
c. **P** Mandatory

13. Annual reporting and recordkeeping hour burden
a. Number of respondents 33
b. Total annual responses 60
 1. Percentage of these responses
 collected electronically 0 %
c. Total annual hours requested 3871
d. Current OMB inventory 2988
e. Difference 883
f. Explanation of difference
 1. Program Change 0
 2. Adjustment 883

14. Annual reporting and recordkeeping cost burden (*in thousands of dollars*)
a. Total annualized capital/startup costs 0
b. Total annual costs (O&M) 0
c. Total annualized cost requested 0
d. Current OMB inventory 0
e. Difference 0
f. Explanation of difference
 1. Program change _____
 2. Adjustment 0

<p>15. Purpose of information collection (<i>Mark Primary With "P" and all others that apply with "X"</i>)</p> <p>a. <input type="checkbox"/> Application for benefits e. <input type="checkbox"/> Program planning or management</p> <p>b. <input type="checkbox"/> Program evaluation f. <input type="checkbox"/> Research</p> <p>c. <input type="checkbox"/> General purpose statistics g. <input checked="" type="checkbox"/> Regulatory or compliance</p> <p>d. <input type="checkbox"/> Audit</p>	<p>16. Frequency of recordkeeping or reporting (<i>check all that apply</i>)</p> <p>a. <input checked="" type="checkbox"/> Recordkeeping b. <input checked="" type="checkbox"/> Third party disclosure</p> <p>c. <input checked="" type="checkbox"/> Reporting</p> <p>1. <input checked="" type="checkbox"/> On occasion 2. <input checked="" type="checkbox"/> Weekly 3. <input checked="" type="checkbox"/> Monthly</p> <p>4. <input checked="" type="checkbox"/> Quarterly 5. <input checked="" type="checkbox"/> Semi-annually 6. <input checked="" type="checkbox"/> Annually</p> <p>7. <input checked="" type="checkbox"/> Biennially 8. <input checked="" type="checkbox"/> Other (describe) _____</p>
<p>17. Statistical methods</p> <p>Does this information collection employ statistical methods?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Agency contact (<i>person who can best answer questions regarding the content of this submission</i>)</p> <p>Name: <u>Kelli A. Smith</u></p> <p>Phone: <u>202-564-2257</u></p>